Exhibit 20

State of California ex. rel. Ven-A-Care of the Florida Keys, Inc. v. Abbott Laboratories, Inc., et al.

Exhibit to the Declaration of Nicholas N. Paul in Support of Plaintiffs' Motion for Summary Judgment as to Defendant Dey

NO. GV002327 THE STATE OF TEXAS) IN THE DISTRICT COURT ex rel. VEN-A-CARE OF THE FLORIDA KEYS, INC., Plaintiff(s), VS.) TRAVIS COUNTY, TEXAS DEY, INC.; ROXANE LABORATORIES, INC., WARRICK PHARMACEUTICALS CORPORATION, SCHERING CORPORATION, SCHERING-PLOUGH CORPORATION,) LIPHA, S.A., MERCK-LIPHA, S.A., MERCK, KGAA, and EMD PHARMACEUTICALS, INC.,) 53RD JUDICIAL DISTRICT Defendant(s). ********** ORAL AND VIDEOTAPED DEPOSITION OF CARRIE-JEAN JACKSON April 18th, 2003 *********

ORAL AND VIDEOTAPED DEPOSITION OF CARRIE-JEAN

JACKSON, produced as a witness at the instance of the

Defendant(s), and duly sworn, was taken in the

above-styled and numbered cause on April 18th, 2003,

from 9:08 a.m. to 1:03 p.m., before Cynthia Vohlken,

CSR in and for the State of Texas, reported by machine

shorthand, at the Sacramento Marriott Rancho Cordova,

11211 Point East Drive, Rancho Cordova, California

pursuant to the Texas Rules of Civil Procedure.

- 1 correct?
- ² A. Correct.
- ³ Q. And Exhibit 230 is the result of that
- assignment; is that correct?
- ⁵ A. Correct.
- ⁶ Q. And at that point in time you gathered
- ⁷ together as much information as you could regarding
- federal Medicare and state Medicare; is that correct?
- ⁹ Excuse me, state Medicaid.
- ¹⁰ A. Medicare.
- 11 O. Federal Medicare and state Medicaid; is that
- 12 correct?
- A. August of '93 I don't know if it was
- Medicaid. Yes. I would say yes.
- Q. All right. And as of the time that you had
- prepared the report in August of 1993, you were in the
- process of trying to obtain information from the
- various states regarding their formula for
- reimbursement, am I correct?
- 20 A. Correct.
- Q. And you spent quite a deal of time trying to
- get that information. Would I be fair in that
- characterization?
- A. Correct.
- 25 Q. And then what you did is at some point in

- time as of the next report that you prepared, Exhibit
- 2 231, which is dated February 7th of 1994 --
- ³ A. February 2nd.
- Q. February 2nd, 1994, that is a report that you
- 5 prepared regarding the information you then obtained
- from the various states, am I correct?
- ⁷ A. Correct.
- ⁸ Q. And for example, you had information for the
- 9 state of Florida regarding their reimbursement under
- Medicaid, am I correct?
- 11 A. Correct.
- Q. And you also got information regarding the
- formula that the state of Texas used for reimbursing
- under Medicaid; is that correct?
- ¹⁵ A. Correct.
- Q. And if I looked at Texas you have the
- reimbursement basis as wholesaler cost plus 12
- percent; is that correct?
- 19 A. Yes, that is correct.
- Q. And that's information that you had gotten
- 21 based on the directives you had from Dey to collect
- this information, correct?
- 23 A. Dey requested me to collect the information.
- I sent out the form, or what have you, and this is the
- response.

- 1 Q. And as February 2nd, 1994 all the information
- you got from all of the states regarding their
- ³ Medicaid reimbursement was sent to distribution, am I
- 4 correct?
- ⁵ A. That is correct.
- ⁶ Q. And by distribution, if you would be so kind,
- if you look at Exhibit 230, there is a list of all the
- people who got distributed the first memo, Exhibit
- ⁹ 230, the one in August of 1994, am I correct?
- ¹⁰ A. Correct.
- 11 Q. And the distribution list includes a variety
- of people on the sales staff of Dey Labs; is that
- 13 correct?
- ¹⁴ A. Correct.
- Q. And in addition to the sales staff it also
- includes individuals at the Napa office, correct?
- ¹⁷ A. Correct.
- 18 Q. And that includes Rob Ellis, correct?
- ¹⁹ A. Correct.
- Q. Bob Mozak, correct?
- ²¹ A. Correct.
- Q. And Bob Pallas, correct?
- A. Correct.
- Q. So you had distributed the memo, Exhibit 230,
- regarding the Medicare update to everybody on the

- distribution list that we just discussed, correct?
- ² A. That is correct.
- ³ Q. And that included a variety of the sales
- force that we've already described, correct?
- ⁵ A. Those listed here, yes, that is correct.
- ⁶ Q. And you did the same thing with respect to
- the memorandum that you had prepared on February 2nd
- ⁸ of 1994, correct?
- ⁹ A. That is correct.
- 10 Q. And the sales people are the folks who
- actually sell Dey products to various customers such
- as drug companies, correct?
- ¹³ A. Correct.
- 14 MR. McDONALD: Object to the form.
- Q. (BY MR. PITRE) Home healthcare providers,
- 16 correct?
- A. Correct.
- ¹⁸ Q. Pharmacies, correct?
- ¹⁹ A. Correct.
- Q. And those are the same people who apply under
- the state Medicaid system for reimbursement, correct?
- 22 A. What do you mean by they are the same people
- that apply?
- Q. The -- the drug companies, they are the ones
- who obtain reimbursement through the state Medicaid

DEY LABORATORIES

MEMORANDUM

TO: Distribution

Cc: Helen Burnham

FROM:

Carrie Jackson (\)

DATE:

February 2, 1994

RE:

Medicare/Medicaid/Formulary Update

Attached please find an updated Medicare/Medicaid/State Formulary Status Report.

As a reminder, this status report is broken out in three parts. Part one has state formulary updates or applications. Part two lists all products covered under Medicare within that particular state and any changes to code numbers or allowables. Information missing from either the Code or Allowable columns denotes that I am in the process of contacting the state to update the required information. Part three lists all products covered under Medicaid within that particular state and any changes to code numbers or allowables. Once again, missing information in either the Code or Allowable columns is in the process of being updated. Please discard your old Medicare report dated August 13, 1993.

I hope the attached is helpful. Updates will be issued as necessary. Should you have any questions or suggestions for report enhancement please do not hesitate to contact me

/cjj



CONFIDENTIAL DL-0050028

State of: Alaska

77 February 2, 1994

- Formulary No state formulary for generic substitution
- 2) Medicare (Use national codes)

Product	Code	Allowable
Acetylcysteine 10%	J7610	\$1.25/mL
Acetylcysteine 20%	J7615	\$1.58/mL
Albuterol 0.083%	J7620	\$1.40/ud
Cromolyn Sodium/20 mg	J7630	Ψ4.1.10; dQ
Isoetharine 0.1%	J7650	\$0.25/mL
Isoetharine 0.125%	J7651	Ψ0.25/ Nω
Isoetharine 0.167%	J7652	\$0.25/mL
Isoetharine 0.2%	J7653	\$0.23/mL
Isoetharine 0.25%	J7654	φσ.23/ nm
Metaproterenol 0.6%	·J7672	\$1.05/ud
Metaproterenol 0.4%	J7670	\$1.05/ud
Not Otherwise Class.	J7699	\$1.03/uu
Druge Inhalation Colum		

Drugs, Inhalation Solution Administered through DME Not Otherwise Class. J7799

Drugs, Other than Inhalation Administered through DME

All sodium chloride and water products are considered part of the medication costs and will not be reimbursed if billed separately.

3) Medicaid

Dispensing Fee	Co-Pay	<u>Reimburse. Basis</u>
\$3.45 - \$11.46		AWP - 5%

State of: Alabama February 2, 1994

- Formulary No state formulary for generic 1) substitution
- Medicare No information received. Follow-up 2) request sent.
- 3) Medicaid

<u>Dispensing Fee</u>	Co-Pay	<u>Reimburse. Basis</u>
\$5.4C	.50 - \$3.00	WAC + 9.2%

State of: Arizona February 2, 1994

Formulary - No state formulary for generic 1) substitution

2) Medicare - (Use national codes)

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20	mg J7630	
Iscetharine 0,18	J7650	
Isoetharine U.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 6.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class	. J7699	
Drugs, Inhalation	Solution Administered	through DME
Not Otherwise Class	3. J7799	-
Drugs, Other than	Inhalation Administers	d through DME

Claims for drugs and biologicals used in conjunction with DME require medical documentation. DME must be prescribed by physician; drug has been ordered by attending physician; drug must be reasonable & necessary. Note that drugs which can be administered by any of the following methods will be excluded from coverage: Aerosol; MDI; tablets; capsules; syrup; parenteral injection.

3) Medicaid - AHCCS/Arizona Health Care Cost Containment System

State of: Arkansas

- Formulary Not necessary to be on state formulary for generic substitution
- 2) Medicare (Use local codes)

Product	<u>Code</u>	Allowable
Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium/20 mg Isoetharine (all) Metaproterenol 0.6% Metaproterenol 0.4% 82003 82005 Remaining saline (excluding 83003/8300	W8050 W8060 W8010 W8070 W8030 W8020 W8140 W8150 W8150	\$1.34/mL \$1.62/mL \$1.42/ud \$0.78/ud \$1.40/ud \$1.40/ud
	-	

Allowable based on Redbook pricing

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse.	Basis
\$4.51 + 103 EAC	\$0.50 - \$3.00	AWP 1	0.5%

California

- 1) Formulary · Not necessary to be on state formulary for generic substitution
- 2) Medicare Wrong information sent. Questionnaire resubmitted.

Product	Reimbursable	Reimbursement Rate
18104	Y	AWP - 5% (\$1.3419/cc)
18110	Y	AWP - 5% (\$1.2749/cc)
18130	Y	AWP - 5% (\$1.1662/cc)
18200	PA	AWP - 5%
18204	Y	AWP - 5% (\$1.6103/cc)
18210	Y	AWP - 5% (\$1.5409/cc)
18230	Y ′	AWP - 5% (\$1.4684/cc)
69703	PA	AWP - 5% (\$0.4091/cc)
69760	PA	AWP - 5%
65902	· PA	AWP · 5%
66003	PA	AWP - 5%
66103	PA .	AWP - 5%
66405	PA	AWP - 5%
67603	Y	AWP - 5% (\$0.3895/cc)
67803	PA	AWP - 5%
03003	Y	AWP - 5% (\$0.0773/cc)
03005	Y	AWP - 5% (\$0.0464/cc)
03010	PA	AWP - 5%
03020	PA	AWP - 5%
63003	Y	AWP · 5% (\$0.0773/cc)
63005	Y	AWP · 5% (\$0.0464/cc)
64015	PA	AWP - 5%
64115	PA	AWP - 5%
82003	PA	AWP - 5%
82005	PA	AWP 5%
83003	PA	AWP · 5%
83005	PA	AWP - 5%
83015	PA	AWP 5%
50120	PA	AWP · 5%
50300	PA	AWP - 5%

Product	<u> Reimbursable</u>	Reimbursement Rate
81003 81005	PA PA	AWP - 5% AWP - 5%
Key:	PA = Prior authorization Cal Field Office Co - = Price not in the Me Price must be manua	onsultant edi-Cal computer file.

Colorado

. February 2, 1994

- 1) Formulary No state formulary for generic substitution
- 2) Medicare (Use national codes)

Product	, <u>Code</u>	<u>Allowable</u>
Acetylcysteine 10% Acetylcysteine 20%	J7610 J7615	\$1.41/mL
Albuterol 0.083%	J7620	\$1.69/mL \$0.43/mL
Cromolyn Sodium/20 mg Isoetharine 0.1%	J7630 J7650	\$0.70/mL \$0.31/mL
Isoetharine 0.125%	J7651	\$0.11/mL
Isoetharine 0.167% Isoetharine 0.2%	J7652 J7653	\$0.15/mL \$0.22/mL
Isoetharine 0.25%	J7654	\$0.28/mL
Metaproterenol 0.6% Metaproterenol 0.4%	J7672 J7670	\$0.28/mL \$0.28/mL
Not Otherwise Class.	J7699	, , , , , , , , , , , , , , , , , , , ,

Drugs, Inhalation Solution Administered through DME Not Otherwise Class. J7799

Drugs, Other than Inhalation Administered through DME

Sodium Chloride and water do not fall under inhalation solutions/drugs and are therefore considered supplies which are included in reimbursement for equipment.

Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.08	\$2.00 (Trade) \$0.50 (Generic	AWP - 10%) WAC + 18%

Connecticut

- 1) Formulary No state formulary for generic substitution
- 2) Medicare (Use national codes)

Product	<u>Code</u>	Allowable
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7530	
Isoetharine 0.1%	J7650	
Isoetharing 0 125%	J7651	
Isoetharine : :67%	J/652	
Isoetharin∈ 0,2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solut	ion Administered	through DME
Not Otherwise Class	T7700	

Not Otherwise Class. J7799 Drugs, Other than Inhalation Administered through DME

Sodium chloride and water not covered under current policy. Sodium chloride is included in reimbursement of medication administered via nebulizer. Use codes J7699 and J7799. Each claim is reviewed on a case-by-case basis and fees determined from Redbook.

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.10*		AWP - 8%

Incentive fee added to pharmacy reimbursement for dispensing lower cost product

District of Columbia February 2, 1994

- Formulary Must be on state formulary for generic 1) substitution
- Medicare · (Use national codes) 2)

Product	Code	<u>Allowable</u>
Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium/20 mg Isoetharine 0.1% Isoetharine 0.125% Isoetharine 0.167% Isoetharine 0.2% Isoetharine 0.2% Metaproterenol 0.6% Metaproterenol 0.4%	J7610 J7615 J7620 J7630 J7650 J7651 J7652 J7653 J7654 J7672 J7670	

<u>Product</u> <u>Code</u> <u>Allowable</u>

Not Otherwise Class. J7699
Drugs, Inhalation Solution Administered through DME
Not Otherwise Class. J7799
Drugs, Other than Inhalation Administered through DME

Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.50	\$ 0.50	AWF · 10%

Delaware

February 2, 1994

- Formulary Must be on state formulary for generic substitution
- Medicare (Use national codes)

Product	Code	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solut	ion Administered thr	ough DME
NOT Otherwise Class.	J7799	_
Drugs, Other than Inhal	ation Administered t	hrough DME

3) Medicaid

Dispensing Fee	Co-Pay	<u>Reimburse. Basis</u>
\$3.65	\$ 0.50	AAC/AWP - 6%

Florida

- Formulary Not necessary to be on state formulary for generic substitution
- Medicare (Uses local codes for compounded drugs and national codes for originally manufactured drugs)

Compounded Drugs:

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine	W4079	\$7.24/4mL
Acetyl cysteine	W41.79	\$0.29/mL
Albuterol	W4 1'73	\$0.18/mL
Metaproterenol	W4 174	\$0.63/ m L
Isoetharine	W4175	\$0.89/mL
Cromolyn Sodium	W4177	\$0.21/mL
Normal Saline	W4180	\$0.01/mL
Normal Saline 3 mL	W4181	\$0.22/3mL
Normal Saline 5 mL	W4182	\$0.22/5mL

Non-compounded drugs:

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	, J7610	\$1.47/mL
Acetylcysteine 20%	J7615	\$1.77/mL
Albuterol 0.083%	J7620	\$1.80/3 m L
Cromolyn Sodium	J7630	\$0.74/2mL
Isoetharine 0.1%	J7650	\$0.82/5 m L
lsoetharine 0.125%	J 7 651	\$0.64/4mL
Isoetharine 0.167%	J7652	\$1.53/3mL
Isoetharine 0.2%	J 7 653	\$0.67/2.5mL
Isoetharine 0.25%	J7654	\$0.70/2mL
Metaproterenol 0.4%	J7670	\$1.58/2.5mL
Metaproterenol 0.6%	J7672	\$1.65/mL

3) Medicaid

Dispensing Fee	Co-Pay	<u>Reimburse. Basis</u>
\$4.23	\$ 1.00	WAC + 7%

Source: Blue Book

Georgia February 2, 1994

- Formulary No state formulary for generic substitution
- 2) Medicare -

Not covered by a Medicare Durable Medical Equipment Supplier Contact DME Unit at (912) 921-3078 for additional details.

3) Medicaid

Dispensing Fee Co-Pay Reimburse, Basis

\$4.41

AWP - 10%

Source: First Data Bank

Hawaii

💛 🦤 February 2, 1994

- 1) Formulary . Must be on state formulary for generic substitution
- 2) Medicare -

82003/82005/83003/83005/83015/50120/50300/81003/81005 not listed in 1993 Redbook, not assigned HCPCS code, and no allowances for Hawaii have been determined. Use code J3490 and brief description of product when submitting claims.

3) Medicaid

\$4.67

Dispensing Fee Co-Pay <u>Reimburse. Basis</u>

Source: First Data Bank

February 2, 1994

AWP - 10.5%

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare (Use national codes)

Product	Code	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solut.		rough DME
Not Othomica Class	77700	-

Not Otherwise Class. J7799

Drugs, Other than Inhalation Administered through DME

3) Medicaid

> Dispensing Fee Co-Pay Reimburse. Basis \$4.30 AWP

Illinois

February 2, 1994

- 1) Formulary Must be on state formulary for generic substitution
- 2) Medicare -

Use national codes for the following:

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.32/mL
Acetylcysteine 20%	J7615	\$1.58/mL
Albuterol 0.083%	J7620	\$1.58/ud
Cromolyn Sodium/20 mg	J7630	\$0.76/mL
Isoetharine 0.1%	J7650	\$0.34/mL
Isoetharine 0.125%	J7651	\$0.21/mL
Isoetharine 0.167%	J7652	\$0.28/mL
Isoetharine 0.2%	J7653	\$0.34/mL
Isoetharine 0.25%	J7654	\$0.42/mL
Metaproterenol 0.6%	J7672	\$0.42/mL
Metaproterenol 0.4%	J7670	\$0.42/mL
Not Otherwise Class.	J7699	
Drugs, Inhalation Solu	tion Administered	through DME
Not Otherwise Class.	J7799	-

Drugs, Other than Inhalation Administered through DME Hypertonic Saline J7130 Solution, 20 cc vial

Use local codes for the following:

Product	Code	<u>Allowable</u>
Sterile Saline Solution 1 mL for use in DME Equipment	W1008	\$0.14/mL

Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$3 58*		AWP - 10%

or 10% x cost for drugs > \$35.80

All drug products, 64015, 64115, 82003, 82005, 50120, 50300, and water are not covered unless they get prior approval prior to dispensing.

Source: Blue Book

Indiana

February 2, 1994

- 1) Formulary No state formulary for generic substitution
- 2) Medicare (Use national codes)

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.04/mL
Acetylcysteine 20%	J7615	\$1.62/mL
Albuterol 0.083%	J7620	\$0.44/mL
Cromolyn Sodium/20 mg	J7630	\$0.76/mL
Isoetharine 0.1%	J7650	\$0.34/mL
Isoetharine 0.125%	J7651	\$0.21/mL
Isoetharine 0.167%	J7652	\$0.29/mL
Isoetharine 0.2%	J7653	\$0.34/mL
Isoetharine 0.25%	J7654	\$0.42/mL
Metaproterenol 0.6%	J7672	\$0.42/mL
Metaproterenol 0.4%	J76 7 0	\$0.42/mL
Not Otherwise Class.	J7699	,
Drugs, Inhalation Solut	ion Administered thro	ough DME
Not Otherwise Class.	J7799	
Drugs, Other than Inhal	ation Administered t	hrough DME
myperconic Saline	J7190	\$1.00
Solution, 20 cc vial		72.00
Sterile Saline	A4214	
(dilution purposes only)	•
Compounded drugs not cove	ered.	

3) Medicaid

Dispensing Fee	Co-Pay	<u>Reimburse. Basis</u>
\$4.00		AWP - 10%

Please direct medicaid providers with questions to the Provider Assistance Unit of E.D.S. at (800) 346-3819 or (317) 875-0177.

Iowa

- Formulary No state formulary for generic substitution
- 2) Medicare (Use national codes)

Product	Code	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0 1%	J7650	
Isoetharine 0 125%	J7651	
Isoetharine (7.167%	J7652	
Isoctharine 1.2%	J7653	
Isoetharine 0 25%	J7654	
Metaproterenol 0.6%	J7672	
	J7670	
Not Otherwise Class.		
Drugs, Inhalation Solut: Not Otherwise Class.	J7799	_
Drugs, Other than Inhala	ation Administered t	hrough DME

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.02 - \$6.25	\$1.00	AWP - 10%

Kansas

February 2, 1994

- Formulary No state formulary for generic substitution
- 2) Medicare (Use national codes)

Product	Code	Allowable
Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium/20 mg Isoetharine 0.1% Isoetharine 0.125% Isoetharine 0.167% Isoetharine 0.2% Isoetharine 0.2% Isoetharine 0.2% Metaproterenol 0.6% Metaproterenol 0.4% Sodium Chloride; 82003* Sodium Chloride; 82005* Sodium Chloride; 83003* Sodium Chloride; 83005* Sodium Chloride; 83005* Sodium Chloride; 83015* Nebu-Sol; 50120	J7650 J7651 J7652 J7653 J7654 J7672 J7670 A4610 A4610 A4610 A4610 A4610	\$.25 per ud \$.50 per ud \$.25 per ud \$.50 per ud \$1.25 per ud \$.25 per ud \$.25 per ud
		4.50 per uu

CONFIDENTIAL DL-0050039

<u>Product</u> <u>Code</u> <u>Allowable</u>

Not Otherwise Class. J7699
Drugs, Inhalation Solution Administered through DME
Not Otherwise Class. J7799
Drugs, Other than Inhalation Administered through DME

- * Code accordingly with description of product Source: First Data Bank
- 3) Medicaid

<u>Dispensing Fee</u>	Co-Pay	Reimburse. Basis
\$3 85 - \$6 97	\$1.00	AWD - 10%

All drugs "generally non-covered" unless prior authorization is received. Specifically, the following sodium chloride solutions are covered without prior authorization: 03003, 03005, and 03020. Source: Medi-Span

Kentucky

February 2, 1994

- 1) Formulary Not necessary to be on state formulary for generic substitution
- Medicare No information received. Follow-up request sent.
- 3) Medicaid

Dispensing Fee Co-Pay Reimburse, Basis

Outpatient: \$4.75 AWP - 10%

Nursing Home: \$5.75

Source: Medi-Span

All products except water are covered. Must receive

prior authorization.

Louisiana February 2, 1994

- Formulary · No state formulary for generic substitution
- 2) Medicare Returned. Forwarding order expired. Follow-up request sent.
- 3) Medicaid

Dispensing Fee

Co-Pay

<u>Reimburse. Basis</u>

\$5.30

AWP - 10.5%

Maine February 2, 1994

- Formulary No state formulary for generic subscitution
- 2) Medicare (Use national codes)

Product	Code	<u> Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%		
Not Otherwise Class.	J7699	
Drugs, Inhalation Solut	ion Administered thr	ough DME
Not Otherwise Class.		_
Drugs, Other than Inhal	ation Administered t	hrough DME

3) Medicaid

> Dispensing Fee Co-Pay Reimburse. Basis \$3.35 Up to \$3.00 EAC/AWP · 5%*

Reimbursement rate is lowest of: 1) MAC; 2) Maine MAC; 3) EAC; 4) AWP; 5) Usual and customary which includes lowest price a provider will accept from any third party as payment for the service.

Source: First Data Bank

Maryland

February 2, 1994

- 1) Formulary · Must be on state formulary for generic substitution
- 2) Medicare - (Use national codes)

Reimburses according to AWP. Use NDC number as reimbursement code.

3) Medicaid

Dispensing Fee	Co-Pay	<u>Reimburse. Basis</u>
\$4.94 - \$6.17	\$1.00	WAC + 10%

Massachusetts

February 2, 1994

- Formulary Must be on state formulary for generic substitution
- 2) Medicare (Use national codes)

Product	<u>Code</u>	<u> Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	ĴJ7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solut	ion Administered t	hrough DME
Not Otherwise Class.	J7799	•

Drugs, Other than Inhalation Administered through DME

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse, Basis
\$4.06	\$0.50	WAC + 10%

Michigan

- Formulary No state formulary for generic substitution
- 2) Medicare (Use national codes)

Product	Code	Allowable
Acetylcysteine 10%	J7610	\$1.91
Acetyloysteine 20%	J7615	\$2.29
Albuterol 0.083%	J7620	\$.47
Cromolyn Sodium/20 mg	J7630	\$.38
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	\$.23

Product	<u>Code</u>	<u>Allowable</u>
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
	J7672	\$.63
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7698	
Drugs, inhalation Solur	io. Administered thr	rough DME
Not Otherwise Class.	J7799	-
Drugs, Other than Inhal	ation Administered t	hrough DME
Saline	A4214	\$.20

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$3.83	\$1.00	AWP - 10%/AAC

Minnesota

February 2, 1994

- Formulary No state formulary for generic substitution
- 2) Medicare -

Product	Code	<u>Allowable</u>
	J7610	\$1.25/mL
Acetylcysteine 20%	J7615	\$1.68/mL
Albuterol 0.083%	J7620	\$0.47/mL
Cromolyn Sodium/20 mg	J7630	\$1.29/20mg
Isoetharine 0.1%	J7650	\$0.23/mL
Isoetharine 0.125%	J7651	\$0.16/mL
Isoetharine 0.167%	J7652	\$0.22/mL
Isoetharine 0.2%	J7653	\$0.31/mL
Isoetharine 0.25%	J7654	\$0.34/mL
Metaproterenol 0.6%	J7672	\$0.43/mL
Metaproterenol 0.4%	J7670	\$0.42/mL
Normal saline solution 1000cc	J7030	, ,
Normal saline solution,	J7040	
sterile (500 ml - 1 unit	t)	
Normal saline solution 250 cc	J7050	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solut		ough DME
Not Otherwise Class.	J7799	
Drugs, Other than Iphala	ation Administered t	hrough DME

Requests providers bill electronically and retain documentation rather than bill on paper and attach documentation.

Code J7699 may also be used in conjunction with A4610. Pricing is simply based on the AWP from latest Redbook update.

Drug must be determined that it is reasonable and necessary for treatment of the illness or injury to improve the functioning of the malformed body member.

Documentation which must be submitted with claim for reimbursement is: physicians prescription identifying dosage, frequency and method of administration. Claim must identify name of medication and quantity dispensed (i.e., unit-dose or size of vial).

A4610/J7699/J7799 must be accompanied by a specific description and the dose of the solution being provided.

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.10		አ₩₽ - ፣0%

Mississippi

February 2, 1994

- Formulary No state formulary for generic substitution
- Medicare No information received. Follow-up request sent.
- 3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.91	\$1.00	AWP · 10%

The following products not covered: 03003, 03005, 03010, 03020, 63003, 63005, 64015, 64115, 50120, and 50300.

Missouri

- 1) Formulary Not necessary to be on state formulary for generic substitution
- 2) Medicare (Use national codes)

Product	<u>Cod</u>	<u>Allowable</u>
Acetylcysteine Acetylcysteine	J7610 J7615	

Product	<u>Code</u>	Allowable
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg		
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%		
Isontharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%		
Sodium Chloride; 82003*		\$.25 per ud
Sodium Chloride; 82005*	A4610	\$.50 per ud
Sodium Chloride; 83003*	A4610	\$.25 per ud
Sodium Chloride; 83005*	A4610	\$.25 per ud \$.50 per ud \$1.25 per ud
Sodium Chloride; 83015*	A4610	\$1.25 per ud
Nebu-Sol; 50120	Not Covered	· •
Nebu-Sol; 50300	Not Covered	
Nebu-Sol; 50300 Water; 81003* Water; 81005*	^A4610	\$.25 per ud
Water; 81005*	A4610	\$.50 per ud
Not Otherwise Class.	J7699	-
Drugs, Inhalation Solut	ion Administered thr	ough DME
Not Otherwise Class.		-
Drugs, Other than Inhal	ation Administered t	hrough DME

* - Code accordingly with product description Source: First Data Bank

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.09	\$0.50 - \$2.00	AWP - 10.43%

Source: First Data Bank

Montana

- 1) Formulary Open formulary
- 2) Medicare (Use national codes)

Product	<u>Code</u>	Allowable
Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium/20 mg Isoetharine 0.1% Isoetharine 0.125% Isoetharine 0.167% Isoetharine 0.2%	J7610 J7615 J7620 J7630 J7650 J7651 J7652 J7653	
Isoetharine 0.25%	J7654	

Product	Code	Allowable
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solut:	ion Administered thr	ough DME
Not Otherwise Class.	J7799	•
Drugs, Other than Inhala	ation Administered t	hrough DME

No payment for sodium chrowde and have no fees calculated. When calculating a fee, use products listed in the most current Redbook and use the median of AWP.

All prescription drugs reimbursed.
OTC products other than laxatives,
antacids and insulin are not covered.
Reimbursement rate is AWP less 10%
plus dispensing fee of \$2.00 - \$4.08
based on individual pharmacy surveys.
Unit-dose providers who physically
package unit-dose prescriptions are
reimbursed an additional \$0.75/Rx.
First Data Bank is used for drug
pricing. \$1.00 patient co-pay.

Nebraska

- 1) Formulary Must be on state formulary for generic substitution
- 2) Medicare (Use national codes)

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%		
Sodium Chloride; 82003*	A4610	\$.25 per ud
Sodium Chloride; 82005*		\$.50 per ud
Sodium Chloride; 83003*		\$.25 per ud
Sodium Chloride; 33005*		\$.50 per ud
Sodium Chloride; 83015*		\$1.25 per ud
Nebu-Sol; 50120	Not Covered	
	Not Covered	
Water; 81003*	A4610	\$.25 per ud

Product	<u>Code</u>	<u>Allowable</u>
Water; 81005* Not Otherwise Class.	A4610 J7699	\$.50 per ud
Drugs, Inhalation Solut Not Otherwise Class.	J7799	-
Drugs, Other than Inhal	ation Administered t	hrough DME

* - Code accordingly with description of product Source: First Data Bank

Reimbursement rate of AWP less 8.71% or WAC + 12.5%. Dispensing fee is variable from \$2.84 - \$5.05/Rx. Data source is Medispan.

Nevada February 2, 1994

- Formulary Must be on state formulary for generic substitution
- 2) Medicare (Use national codes)

Product	<u>Code</u>	Allowable
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
	J7672	
	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solut	ion Administered thr	ough DME
Not Otherwise Class.		_
Drugs, Other than Inhal.	ation Administered t	hrough DME

Medicaid

Dispensing Fee	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.42		AWP - 10%

New Hampshire

Pebruary 2 1504

Formulary - Must be on state formulary for generic substitution

2) Medicare - (Use national codes)

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
	J7620	
Cromolyn Sodium/20 mg	J7630	
***	J7650	
Isoetharine 0.125%	J7651	
Isoetbarine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%		
Not Otherwise Class.		
Drugs, Inhalation Solut	ion Administered th	rough DME
Not Otherwise Class.		
Drugs, Other than Inhal	ation Administered (through DME

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$3.25 - \$3.65*	\$0.50 - \$1.00*	* AWP - 10%

- * Incentive fee added to pharmacy reimbursement for dispensing lower cost product.
- ** \$1.00 branded products; \$0.50 generics

Source: First Data Bank; EDS

New Jersey February 2, 1994

 Formulary - Must be on state formulary for generic substitution

Only Metaproterenol 0.6% and 0.4% on New Jersey Generic Formulary/List of Interchangeable Drug Products. I have requested all other products be listed.

- 2) Medicare (Use national codes) No information received. Follow-up request sent.
- 3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$3.73 - \$4.07		AWP - 0/6%*

AWP minus up to 6% based on Medicaid percentage of Rx sales. Regression ranges from 0 - 6% and is deducted from AWP up to \$25.00 (AWP). Above \$25.00 no AWP.

All products covered except Nebu-Sol and Water. Only the following sodium chloride products are covered: 83003, 83005 and 83015.

New Mexico

February 2, 1994

- Formulary Must be on state formulary for generic 1) substitution
- Medicare (Use national codes) 2)

Product	<u>, Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0:125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J76 7 0	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solut	ion Administered thr	rough DME
Not Otherwise Class.	J7799	
Drugs, Other than Inhal	ation Administered t	chrough DME

Medicaid 3)

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.00		AWP - 10.5%

New York February 2, 1994

- Formulary · Must be on state formulary for generic substitution
- Medicare (Use national codes) 2)

Product	<u>Code</u>	Allowable
Acetylcysteine 10 Acetylcysteine 20 Albuterol 0.083%		

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Product	<u>Code</u>	<u>Allowable</u>
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%		
	J7651	
Isoetharine 0.167%		
Isoetharine 0.2%		
Isoetharine 0.25%		
Metaproterenol 0.6%		
Metaproterenol 0.4%		
Not Otherwise Class.		
Drugs, Inhalation Solut		d through DME
Not Otherwise Class.		3
Drugs, Other than Inhal	ation Administe:	red through DME
82003/82005/83003/83005;		\$24.20
83015	A4610	\$23.00
50120	A4610	based on invoice
50300	A4610	based on invoice
81003/81005	.A4610	\$19.50
Source; Redbook - AWP		•

3) Medicaid

<u>Dispensing Fee</u>	Co-Pay	Reimburse. Basis
\$2.60		AWP

North Carolina

11 7 February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare - No information received. Follow-up request sent.
- 3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$5.60	\$1.00	AWP - 10%

The following sodium chloride solutions not covered: 03003, 03005, 03010, 03020, 63003, 63005, 64015, and 64115.

North Dakota Pebruary 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare - (Use national codes)

Use national code A4610 (with description). Reimbursement is based on AWP of Redbook for all localities.

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.25		AWP 10%

Source First Data Bank

All sodium chloride and water products covered as "DME" products.

Ohio

February 2, 1994

- Formulary Must be on state formulary for generic substitution
- 2) Medicare (Use national codes)

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10% 4 mL Acetylcysteine 10% 30 mL Acetylcysteine 20% 4 mL Acetylcysteine 20% 4 mL Acetylcysteine 20% 10 mL Acetylcysteine 20% 30 mL Albuterol 0.083% Cromolyn Sodium/20 mg Isoetharine 0.1% Isoetharine 0.125% Isoetharine 0.125% Isoetharine 0.2% Isoetharine 0.2% Isoetharine 0.25% Metaproterenol 0.6%	J7610 J7610 J7610 J7615 J7615 J7620 J7630 J7650 J7651 J7652 J7653 J7654	\$ 6.43/ud \$19.07/ud \$52.34/ud \$ 7.71/ud \$23.07/ud \$63.21/ud \$1.42/ud \$1.29/20mg \$3.29/ud \$3.20/ud \$3.2
Sterile Saline .29% 3 - 5 mL		\$0.20/ud
Sterile Saline .9% 10 mL		\$0.24/ud \$0.41/ud

3) Medicaid -

Dispensing Fee: \$3.23/Rx; Data

Source: Blue Book

Reimbursement Rate: AWF - 7%

Product	Reimbursable	Reimbursement Rate
18104	Y	\$1.1625/mL
18110	Y	\$1.1625/mL

Product	<u>Reimbursable</u>	Reimbursement Rate
18130	Y	\$1.0639/mL
18200	Ŷ	\$1.0839/ML
18204	Ÿ	\$1.4071/mL
18210	Ÿ	\$1.4071/ML \$1.4071/mL
18230	Ŷ	\$1.40717ML \$1.2803/mL
69703	Ŷ	\$1.2803/ML \$0 3700/mL
69760	Ŷ	\$0 3700/mL
65902	Ñ	90 1.60/mm
66003	N	
66103	N	
66405	N	
67603	Y	\$0.3760/mL
67803	Ÿ	\$0.3760/mL
03003	Ÿ	\$0.0872/mL
03005	Ÿ	\$0.0523/mL
03010	Y	\$0.0335/mL
03020	Y ×	\$0.0335/mL
63003	Y	\$0.0872/mL
63005	Ÿ	\$0.0523/mL
64015	N	φοτου 23 , π 2
64115	N	
82003	Y	\$0.0558/mL
82005	Y	\$0.0335/mL
83003	Y	\$0.0872/mL
83005	\mathbf{Y}	\$0.0523/mL
83015	Y	\$0.0335/mL
50120	${f Y}$	\$0.0335/mL
50300	Y	\$0.0335/mL
81003	Y	\$0.0108/mL
81005	Y	\$0.0108/mL

Oklahoma

- 1) Formulary No state formulary for generic substitution. Law states that it is unlawful for a pharmacist to substitute without the authority of the prescriber or purchaser.
- 2) Medicare (Use national codes)

Product	<u>Code</u>	Allowable
Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium/20 mg Tsoetharine 0.1% Isoetharine 0.125% Isoetharine 0.167% Isoetharine 0.2% Isoetharine 0.2%	J7610 J7615 J7620 J7630 J7650 J7651 J7652 J7653 J7654	

Product	<u>Code</u>	<u>Allowable</u>
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solut:	ion Administered thr	ough DME
Not Otherwise Class.		J
Drugs, Other than Inhale		hruugh DME

Sodium chloride and water are covered as supplies under the DME benefit when prescribed by physician and determined to be necessary for use of nebulizer. Payment limited to patients who cannot properly prepare the solutions at home or who have no one who can prepare the solutions for them. Documentation must explain why the patient is physically or mentally incapable of boiling water or adding salt tablets to be reimbursed.

All local codes in process of being deleted. Use local code A4323 at (9.34 per 1000 ml) for reimbursement purposes.

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$5.10	\$1.00-\$2.00*	AWP - 10.5%

* \$1.00 for prescriptions up to \$29.99; \$2.00 for prescriptions costing more than \$30.00.

Source: First Data Bank

The following products not covered: 03005, 03010, 03020, 63003, 63005, 64015, 64115, 50120, and 50300.

Oregon February 2, 1994

- Formulary No state formulary for generic substitution
- 2) Medicare (Use national codes)

Product	<u>Code</u>	Allowable
Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium/20 mg Isoetharine 0.1%	J7610 J7615 J7620 J7630 J7650	
Isoetharine 0.125% Isoetharine 0.167% Isoetharine 0.2%	J7651 J7652 J7653	

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Product	Code	<u>Allowable</u>
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drigs Inhalation Soluti	ion Administered thr	ough DME
Not Otherwise Class.	J7799	_
Drugs Other than Inhala		hrough DME

All sodium chloride and water products are considered part of the medication costs and will not be reimbursed if billed separately.

3) Medicaid

Dispensing Fee	Co-Pay	<u>Reimburse. Basis</u>
\$3.67 - \$4.02		AWP - 11%

Pennsylvania

- Formulary Must be on state formulary for generic substitution
- 2) Medicare (Use national codes)

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.34/mL
Acetylcysteine 20%		\$1.62/mL
Albuterol 0.083%	J7620	\$0.47/mL
Blairex sterile saline 3 oz.	A4610	\$1.19
Blairex sterile saline 8 oz.	A4610	\$2.27
Blairex sterile saline 12 oz.	A4610	\$3.41
Cromolyn Sodium/20 mg	J7630	\$0.71/mL
Isoetharine 0.1%		\$0.34/mL
_	J7651	\$0.22/mL
Isoetharine 0.167%	J7652	\$0.29/mL
Isoetharine 0.2%		\$0.34/mL
Isoetharine 0.25%	J7654	\$0.40/mL
Metaproterenol 0.6%	J7672	\$0.44/mL
Metaproterenol 0.4%	J7670	\$0.44/mL
Not Otherwise Class.	J7699	ic
Drugs, Inhalation Solut	ion Administe	red through DME
Not Otherwise Class.	J7799	ıc
Drugs, Other than Inhal	ation <mark>Adminis</mark>	tered through DME
Sodium Chloride 0.45%	A4610	\$0.23 5 ml each
Sodium Chloride 0.9%	A4610	\$0.24 3 ml each
Sodium Chloride 0.9%	A4610	\$0.24 5 ml each

Product Code Allowable

Amounts or methods of medication not included would be given individual consideration upon receipt of the claim submission. Special documentation necessary for consideration of sterile water (patient not able to mix themselves or has no family member). Use A4610 for sterile water and saline Redbook as source.

3) Medicaid

Dispensing Fee	Co-Pay	<u>Reimburse. Basis</u>
\$3.50	\$1.00	AWP

Source: Blue Book

No water products covered. Sodium chloride products covered only if considered "legend drugs".

Puerto Rico

February 2, 1994

- Formulary Must be on formulary for generic 1) substitution.
- 2) Medicare

Product	<u>Code</u>	Allowable
Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083% Isoetharine 0.167% Isoetharine 0.2% Isoetharine 0.25% Metaproterenol 0.6% Metaproterenol 0.4%	J7610 J7615 J7620 J7652 J7653 J7654 J7672 J7670	

3) Medicaid - No action

Rhode Island Pebruary 2, 1994

- 1) Formulary - Not necessary to be on state formulary for generic substitution
- 2) Medicare -

Sodium chloride and sterile water for inhalation with nebulizers are not covered by Medicare

3) Medicaid Dispensing Fee Co-Pay Reimburse. Basis \$3.40 AWP

South Carolina 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare -

82003/82005/83003/83005 - Local code #W4200 (\$0.22 allowable) 83015 - local code #W4200 (3 units) - (\$0.66 allowable) 50120/50300 - not reimbursable 81003/81005 - national code J7699 - (individually considered) Uses Redbook or Medispan for source documentation

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.05	\$1.50	AWP - 9.5%

Source: First Data Bank

All products covered except 03003, 03005, 03010, 03020, 63003, 63005, 64015, 64115, 50120, and 50300. These products require special authorization for coverage.

South Dakota February 2, 1994

- l) Formulary - No state formulary for generic substitution
- 2) Medicare - (Use national codes)

Product	<u>Code</u>	<u> Allowable</u>
Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium/20 mg Isoetharine 0.1% Isoetharine 0.125% Isoetharine 0.167% Isoetharine 0.2% Isoetharine 0.2% Isoetharine 0.25% Metaproterenol 0.6% Metaproterenol 0.4%	J7610 J7615 J7620 J7630 J7650 J7651 J7652 J7653 J7654 J7672	

Product Code <u>Allowable</u>

Not Otherwise Class. J7699 Drugs, Inhalation Solution Administered through DME Not Otherwise Class. J7799 Drugs, Other than Inhalation Administered through DME

Use national code A4610 (with description for those drugs not listed. Reimbursement is based on AWP of Redbook for all localities.

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.75	\$1.00	AWP - 10.5%

Tennessee

February 2, 1994

- Formulary Must be on state formulary for generic 1) substitution
- 2) Medicare -

Reimbursement for saline or sterile water is limited to the charge for the solution components, unless it is medically documented that the beneficiary, due to his/her physical or mental state, is unable to safely or effectively mix the solutions and there is no family member or other person available who can do this.

3) Medicaid

_ .

Dispensing Fee	Co-Pay	Reimburse. Basis	
\$3.91		AWP 8%	

Texas. February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- Medicare (Use national codes) 2)

Product	<u>Code</u>	Allowable
Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium/20 mg Isoetharine 0.1% Isoetharine 0.125%	J7610 J7615 J7620 J7630 J7650 J7651	\$1.34/mL \$1.62/mL \$0.47/mL \$0.76/mL \$0.85/2.5cc \$0.85/4 cc

CONFIDENTIAL DL-0050057

Product	<u>Code</u>	<u>Allowable</u>
Isoetharine 0.167%	J7652	\$0.85/3 cc
Isoetharine 0.2%	J7653	\$0.85/2.5cc
Isoetharine 0.25%	J7654	\$0.85/2 cc
Metaproterenol 0.6%	J7672	\$0.49/2 5cc
Metaproterenol 0.4%	J7670	\$0.49/2.5cc
Not Otherwise Class.	J7699	AWP/\$1.50 ud
Drugs, Inhalation Solu	rio: Administered	
Mat Ohlerman Class	34400	·

Not Otherwise Class. 37799

Drugs, Other than Inhalation Administered through DME

Texas Medicare Carrier will use the NDC number to price bronchodilator medications using the most current edition of Redbook.

3) Medicaid

Dispensing Fee	•	Co-Pay	Reimburse. Basis
*			Wholesaler Cost +

Amount paid pharmacy equals (EAC + \$4.55) divided by 0.930 + .10

Date Source: Pharmaceutical Companies

All drugs covered except the following sodium chloride solutions: 03003, 03005, 03010, 63003, 63005, 64015, 64115, 82003, 82005, 83003, 83005; Nebu-Sol 50120; and Water.

Utah

February 2, 1994

- 1) Formulary . Must be on state formulary for generic substitution
- 2) Medicare - (Use national codes)

Product	<u>Cođe</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	

Product Code Allowable

Not Otherwise Class. J7699
Drugs, Inhalation Solution Administered through DME
Not Otherwise Class. J7799

Drugs Other than Inhalation Administered through DME

82003/82005/83003/83005/83015/50320/50300/81003/81005 use national code A4610. Payment based on AWP or acquisition cost!"

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$3.90 ~ 4.40*		AWP - 12%

* \$3.90 urban; \$4.40 rural

Vermont February 2, 1994

 Formulary - Must be on state formulary for generic substitution

2) Medicare - (Use national codes)

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
	<i>3</i> 7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solut	ion Administered thr	ough DME
Not Otherwise Class.	J7799	
Drugs, Other than Inhal	ation Administered t	hrough DME

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.25	\$1.00 - \$2.00*	AWP - 10%

* \$1.00 copayment; \$2.00 copayment when ingredient costs exceed \$29.99

West Virginia 2 1994

- Formulary Uses FDA Therapeutic Equivalency List 1) (Orange Book)
- 2) Medicare · (Use national codes)

Product	<u>Code</u>	<u>Allowable</u>
3	T7.61.0	
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J 7 620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	•
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25% ,	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.		
Drugs, Inhalation Solut	ion Administered thr	ough DME
Not Otherwise Class.		
Drugs, Other than Inhal	ation Administered t	hrough DME

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$2.75	\$0.50 - \$1.00	AWP

Source: Red Book

Wisconsin

February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution
- Medicare (Use national codes) 2)

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10% Acetylcysteine 20%	J7610 J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	

<u>Product</u> <u>Code</u> <u>Allowable</u>

Not Otherwise Class. J7699

Drugs, Inhalation Solution Administered through DME Not Otherwise Class. J7799

Drugs, Other than Inhalation Administered through DME

Procedure code for sodium chloride inhalation is A4323-52 and is reimbursable at \$9.34/1000mL

3) Medicaid

Dispensing Fee Co-Pay Reimburse. Basis
\$4.69* \$1.00 AWP - 10%

*\$6.67 for unit-dose products

Wyoming February 2, 1994

- Formulary No state formulary for generic substitution
- Medicare (Use national codes)

Use national code A4610 (with description). Reimbursement is based on AWP of Redbook for all localities.

3) Medicaid

Dispensing Fee	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.70	\$1.00	AWP - 4%*

* OTC Froducts: 150% of AWP + 4.70 Legend Products: AWP - 4% + 4.70

Source: Blue Book

Key:

AAC	Actual Acquisition Cost
AWP	Average Wholesale Price
DME	Durable Medical Equipment
EAC	Estimated Acquisition Price
DESI	Less-than-effective
HCFA	Health Care Financing Administration
HHS	Health and Human Services
MAC	Maximum Allowable Cost
PA	Prior Authorization
WAC	Wholesale Acquisition Cost

Phainties Program
P.O. Box Allowar

Allowable based on Redbook pricing

3) Medicaid

Slot 4115

Dispensing Fee Co-Pay Reimburse. Basis \$4.51 + .103 EAC \$0.50 - \$3.00 AWP - 10.5%

California

February 2, 1994

Formulary . Not necessary to be on state formulary for generic substitution

> 2) Medicare - Wrong information sent. Questionnaire resubmitted.

Medicaid (Medi-Cal) Dispensing Fee: \$4.05/Rx; Data 3)

'Source: Medi-Cal List of Contract Drugs (1st Databank) Co-Pay: \$1.00 (Optional)

		+1.00 (OPC10.101)
Product	Reimbursable	Reimbursement Rate
18104	Y	AWP - 5% (\$1.3419/cc)
18110	Y	AWP - 5% (\$1.2749/cc)
18130	Y	AWP - 5% (\$1.1662/cc)
18200	PA	AWP - 5%
18204	Y	AWP - 5% (\$1.6103/cc)
18210	Y	AWP - 5% (\$1.5409/cc)
18230	Y	AWP - 5% (\$1.4684/cc)
69703	PA	AWP - 5% (\$0.4091/cc)
69760	PA PA	AWP - 5%
65902	PA	AWP - 5%
66003	PA	AWP 5%
66103	PA	AWP 5%
66405	PA	AWP - 5%
67603	Y	AWP - 5% (\$0.3895/cc)
67803	PA	AWP - 5%
03003	Y	AWP - 5% (\$0.0773/cc)
03005	Y	AWP - 5% (\$0.0464/cc)
03010	PA	AWP - 5%
03020	PA	AWP - 5%
€3003	Y	AWP 5% (\$0.0773/cc)
63005	Y	AWP - 5% (\$0.0464/cc)
64015	PA	AWP 5%
64115	PA	AWP - 5%
82003	PA	AWP - 5%
82005	PA	AWP 5%
83003	PA	AWP 5%
83005	PA	AWP - 5%
83015	PA	AWP 5%
50120	PA	AWP 5%
50300	PA	AWP 5%

Product	Reimbursable	Reimbursement Rate
81003 81005	PA PA	AWP - 5% AWP - 5%
Key:	PA = Prior authorization Cal Field Office Co - = Price not in the Me Price must be manual	onsultant edi-Cal computer file.

Colorado

130-05 130-10

730-03 730-05 154-06

沁0-03 :76503

February 2, 1994

- ~~~弄) Formulary - No state formulary for generic substitution alabana
 - 2) Medicare - (Use national codes)

Product	<u>Code</u>	Allowable
Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium/20 mg Isoetharine 0.1% Isoetharine 0.125% Isoetharine 0.167% Isoetharine 0.2% Isoetharine 0.2% Metaproterenol 0.6% Metaproterenol 0.4% Not Otherwise Class.	J7610 J7615 J7620 J7630 J7650 J7651 J7652 J7653 J7654 J7672 J7670 J7699	\$1.41/mL \$1.69/mL \$0.43/mL \$0.70/mL \$0.31/mL \$0.11/mL \$0.15/mL \$0.22/mL \$0.28/mL \$0.28/mL \$0.28/mL
Drugs, Inhalation Solu	tion Admining	

rugs, Inhalation Solution Administered through DME Not Otherwise Class. J7799

Drugs, Other than Inhalation Administered through DME

Sodium Chloride and water do not fall under inhalation solutions/drugs and are therefore considered supplies which are included in reimbursement for equipment.

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.08	\$2.00 (Trade) \$0.50 (Generic	AWP - 10%

Connecticut 7, 1994

- 11) Formulary - No state formulary for generic substitution
- Medicare · (Use national codes)

Product	Code	Allowable
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
7	J7650	
Isoetharine ∩ 125%	J7651	
Isoethatice 0 367%	J7652	
Isoetharine (.2%	J7653	
-	J7654	
	J7672	
Metaproterenol 0.4%		
Not Otherwise Class.	J7699	
Drugs, Inhalation Soluti	On Administered thro	ough DMR
Not Otherwise Class.	J7799	adir pim
Drugs, Other than Inhala	tion Administered th	irough DME

Sodium chloride and water not covered under current policy. Sodium chloride is included in reimbursement of medication administered via nebulizer. Use codes J7699 and J7799. Each claim is reviewed on a case-by-case basis and fees determined from Redbook.

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.10*		AWP - 8%

 Incentive fee added to pharmacy reimbursement for dispensing lower cost product

District of Columbia

01-90 30-1

co.03

90-05

February 2, 1994

- Formulary Must be on state formulary for generic substitution
- 2) Medicare · (Use national codes)

Product	<u>Code</u>	Allowable
Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium/20 mg Isoetharine 0.1% Isoetharine 0.125% Isoetharine 0.167% Isoetharine 0.2% Isoetharine 0.2% Isoetharine 0.2% Metaproterenol 0.6% Metaproterenol 0.4%	J7610 J7615 J7620 J7630 J7650 J7651 J7652 J7653 J7654 J7672	

	Prod	uct	<u>Code</u>	Allowable
	Dru Not	Otherwise Class. gs, Inhalation Solu Otherwise Class. gs, Other than Inha	tion Administer J7799	_
	3)	Medicaid		
		Dispensing Fee	Co-Pay	Reimburse, Basis
		\$4.50	\$ 0.50	AWP - 10%
220 - 2	Delaware			February 2, 1994
750-17 725-172 720-173 1	i. rerea'l)	Formulary - Must be substitution	e on state for	nulary for generic
230-20 501-80	2)	Medicare - (Use na	tional codes)	
303 00	Prod	uct	<u>Code</u>	<u>Allowable</u>
5350535053 5350535053 535053 50555 5055 5055 50555 50555 50555 50555 50555 50555 50555 50555 50555	Acet Albu Crom Isoe Isoe Isoe Meta Not Not	ylcysteine 20% terol 0.083% olyn Sodium/20 mg tharine 0.1% tharine 0.125% tharine 0.26% tharine 0.25% proterenol 0.6% proterenol 0.4% Otherwise Class. gs, Inhalation Solu Otherwise Class. gs, Other than Inha Medicaid	J7650 J7651 J7652 J7653 J7654 J7672 J7670 J7699 Ition Administer J7729	tered through DME
		Dispensing Fee	Co-Pay	<u>Reimburse. Basis</u>
		\$3.65	\$ 0.50	AAC/AWP - 6%
	Florida			Pebruary 2, 1994
Some in not	laerd1)	Formulary - Not ne for generic substi	ecessary to be tution	on state formulary
10-05 10-03 , 05	2)	Medicare - (Uses land national codes drugs)	ocal codes for for originally	compounded drugs y manufactured

Compounded Drugs:

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine Acetylcysteine Albuterol Metaproterenol Isoetharine Cromolyn Sodium Normal Saline Normal Saline 3 mL Normal Saline 5 mL	W4079 W4179 W4173 W4174 W4175 W4177 W4180 W4181 W4182	\$7.24/4mL \$0.29/mL \$0.18/mL \$0.63/mL \$0.99/mL \$0.21/mL \$0.01/mL
	114102	\$0.22/5mL

Non-compounded drugs:

Product	<u>Cođe</u>	<u>Allowable</u>
Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium Isoetharine 0.1% Isoetharine 0.125% Isoetharine 0.167% Isoetharine 0.2% Isoetharine 0.2% Metaproterenol 0.4%	7J7610 J7615 J7620 J7630 J7650 J7651 J7652 J7653 J7654 J7670	\$1.47/mL \$1.77/mL \$1.80/3mL \$1.80/2mL \$0.74/2mL \$0.82/5mL \$0.64/4mL \$1.53/3mL \$0.67/2.5mL \$0.70/2mL \$1.58/2.5mL
Metaproterenol 0.6%	J7672	\$1.65/mL

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.23	\$ 1.00	WAC + 7%

Source: Blue Book

February 2, 1994

- 30 03 ... (14.14) 30 44 30 1 Formulary - No state formulary for generic substitution
 - Medicare -

Not covered by a Medicare Durable Medical Equipment Supplier. Contact DME Unit at (912) 921-3078 for additional details.

3) Medicaid

20.05 20.05 /30-10 70-15 , C - 3 310-05

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Dispensing Fee

Co-Pay

Reimburse. Basis

\$4.41

AWP - 1.0%

Source: First Data Bank

- 1) Formulary Must be on state formulary for generic substitution
- 2) Medicare -

82003/82005/83003/83005/83015/50120/50300/81003/81005 not listed in 1993 Redbook, not assigned HCPCS code, and no allowances for Hawaii have been determined. Use code J3490 and brief description of product when submitting claims.

3) Medicaid

Dispensing Fee

Co-Pay

Reimburse. Basis

\$4.67

AWP - 10.5%

Source: First Data Bank

Mark Co

* C = ^ 303 010-05 920103 120-05 130.03 30 05 :30 O 1930-15 30-03 , c . . 5

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Idaho February 2, 1994

5 50 20 CX (1) Formulary - No state formulary for generic substitution Habance

> 2) Medicare (Use national codes)

Product	<u>Code</u>	Allowable
Acetylcysteine 10% Acetylcysteine 20%	J7610 J7615	
Albuterol 0.083% Cromolyn Sodium/20 mg	ブ7620 J7630	
Isoetharine 0.1% Isoetharine 0.125%	J7650 J7651	
Isoetharine 0.167% Isoetharine 0.2%	J7652 J7653	
Isoetharine 0.25% Metaproterenol 0.6%	J7654 J7672	
Metaproterenol 0.4% Not Otherwise Class.	J7670	
Drugs, Inhalation Solut Not Otherwise Class.	ion Administered th	-
Drugs, Other than Inhal	ation Administered	through DME

3) Medicaid

Dispensing Fee Co-Pay Reimburse. Basis \$4.30 AWP

Illinois

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February 2, 1994

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312 782 81254

\$1.32/mL

\$1.58/mL

\$1.58/ud

\$0.76/mL

\$0.34/mL

\$0.21/mL

\$0.42/mL

\$0.42/mL

\$0.28/mL 4

\$0.42/mL(3)

\$0.34/mL Opper Com

Allowable 2 Kc

DE COL

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Konad 1

こうだいく カルコ 16-2000 Formulary Must be on state formulary for gene ~ 50-*0*0 substitution Approval letter 150, -.21 a FDA proket ()+-(.3 2) Medicare . **20 C-3**ろ

Use national codes for the following:

Product <u>Code</u>

Acetylcysteine 10% -J7610 Acetylcysteine 20% J7615 Albuterol 0.083% J7620 Cromolyn Sodium/20 mg J7630 Isoetharine 0.1% J7650 Isoetharine 0.125% J7651 Isoetharine 0.167% J7652 Isoetharine 0.2% J7653 Isoetharine 0.25% J7654 Metaproterenol 0.6% J7672 Metaproterenol 0.4% J7670 Not Otherwise Class. J7699

Drugs, Inhalation Solution Administered through DME Not Otherwise Class. J7799

OI Dep Por HAR FDAD Drugs, Other than Inhalation Administered through DME Hypertonic Saline J7130

Solution, 20 cc vial

Use local codes for the following:

Product Code Allowable Sterile Saline Solution W1008 \$0.14/mL 1 mL for use in DME Equipment

3) Medicaid

Dispensing Fee Co-Pay Reimburse. Basis \$3.58* AWP 10%

or 10% x cost for drugs > \$35.80

All drug products, 64015, 64115, 82003, 82005, 50120, 50300, and water are not covered unless they get prior approval prior to dispensing.

Source: Blue Book

Indiana

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130 00 *501 - 10*€ 503-00 JO 03 210 - DIN 100-03 120-05 30-C5 30-10 130-15 4-05 づしむ \$0-05 30-03 30-05 330-15

February 2, 1994

Formulary No state formulary for generic substitution

2) Medicare - (Use national codes)

Product	<u>Code</u>	<u> Allowable</u>
Acetylcysteine 10%	J7610	\$1.04/mL
Acetylcysteine 20%	J7615	\$1.62/mL
Albuterol 0.083%	J7620	\$0.44/mL
Cromolyn Sodium/20 mg	ፓ7630	\$0.76/mL
Isoetharine 0.1%	J7650	\$0.34/mL
Isoetharine 0.125%	J7651	\$0.21/mL
Isoetharine 0.167%	J7652	\$0.29/mL
Isoetharine 0.2%	J7653	\$0.34/mL
Isoetharine 0.25%	J7654	\$0.42/mL
Metaproterenol 0.6%	J7672	\$0.42/mL
Metaproterenol 0.4%		\$0.42/mL
Not Otherwise Class.	J7699	
Drugs, Inhalation Solut	ion Administered thr	ough DME
Not Otherwise Class.	J7799	_
Drugs, Other than Inhal	ation Administered t	hrough DME
Hypertonic Saline	J7190	\$1.00
Solution, 20 cc vial		•
Sterile Saline	A4214	
(dilution purposes only	•)	
Compounded drugs not cov		

Medicaid

<u>Dispensing Fee</u>	Co-Pay	<u>Reimburse, Basis</u>
\$4.00		AWP · 10%

Please direct medicaid providers with questions to the Provider Assistance Unit of E.D.S. at (800) 346 3819 or (317) 875-0177.

Iowa

February 2, 1994

Formulary . No state formulary for generic substitution

Medicare - (Use national codes)

Product	<u>Code</u>	Allowable
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0 125%	J7651	
Asocthatine 1 167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solut: Not Otherwise Class.	J7799	•
Drugs, Other than Inhala	ation Administered t	hrough DME

Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.02 - \$6.25	\$1.00	AWP - 10%

Kansas

February 2, 1994

- Formulary No state formulary for generic substitution
- 2) Medicare (Use national codes)

Product	Code	Allowable
Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium/20 mg Isoetharine 0.1% Isoetharine 0.125% Isoetharine 0.167% Isoetharine 0.2% Isoetharine 0.2% Isoetharine 0.2% Metaproterenol 0.6% Metaproterenol 0.4% Sodium Chloride; 82003* Sodium Chloride; 82005* Sodium Chloride; 83003* Sodium Chloride; 83005* Sodium Chloride; 83005* Sodium Chloride; 83005* Sodium Chloride; 83005* Sodium Chloride; 83015* Nebu-Sol; 50120	J7620 J7630 J7650 J7651 J7652 J7653 J7654 J7672 J7670 A4610 A4610 A4610 A4610	\$.25 per ud \$.50 per ud \$.25 per ud \$.50 per ud \$.50 per ud \$1.25 per ud
Water; 81005*	A4610	\$.50 per ud

Product Code Allowable

Not Otherwise Class. J7699 Drugs, Inhalation Solution Administered through DME Not Otherwise Class. J7799 Drugs Other than Inhalation Administered through DME

- * Code accordingly with description of product Source: First Date Bank
- 3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$3.85 - \$6.97	\$1.00	AWP - 10%

All drugs "generally non-covered" unless prior authorization is received. Specifically, the following sodium chloride solutions are covered without prior authorization: 03003, 03005, and 03020. Source: Medi-Span

Kentucky

次- 05

510 JS

₹10 05

February 2, 1994

CRIVELLINE Formulary - Not necessary to be on state formulary 0.00 for generic substitution 20-03

- Medicare No information received. Follow-up 2) request sent.
- 3) Medicaid

Dispensing Fee Co-Pay Reimburse. Basis Outpatient: \$4.75 AWP 10% Nursing Home: \$5.75

Source: Medi-Span

All products except water are covered. Must receive prior authorization.

Louisiana

February 2, 1994

5.0-03 rollingered 1) Formulary - No state formulary for generic 010.05 00.03 00.03 substitution

- 2) Medicare Returned. Forwarding order expired. Follow-up request sent.
- 3) Medicaid

Dispensing Fee

Co-Pay

Reimburse. Basis

\$5.30

AWP - 10.5%

Maine

- Littereil 1

1620-03-1620-0

February 2, 1994

Formulary No state formulary for generic substitution

2) Medicare - (Use national codes)

Product	<u>Code</u>	<u> Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
	J7699	
Drugs, Inhalation Solut	ion Administered th	rough DME
Not Otherwise Class.	J7799	
Drugs, Other than Inhal		through DME

3) Medicaid

Dispensing Fee Co-Pay Reimburse. Basis
\$3.35 Up to \$3.00 EAC/AWP - 5%*

* Reimbursement rate is lowest of: 1) MAC; 2)
Maine MAC; 3) EAC; 4) AWP; 5) Usual and
customary which includes lowest price a
provider will accept from any third party as
payment for the service.

Source: First Data Bank

Maryland

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0310-03

February 2, 1994

Formulary - Must be on state formulary for generic Book substitution has Marchaery - goes by Orang Book

Medicare · (Use national codes)

Reimburses according to AWP. Use NDC number as reimbursement code.

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3	•	Me	~ ·	• ^	-	•
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Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.94 - \$6.17	\$1.00	WAC + 10%

Massachusetts

130 GC

50 1-80 103-60

120-05 120-03 120-05

36-15 130-15 10-05 10-03

80-05 30-03 30-05

30- 0

30-05

-0-10

20-10. 03-00 February 2, 1994

- ्षेत्री) Formulary Must be on state formulary for generic substitution
 - 2) Medicare (Use national codes)

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J761S	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%		
Not Otherwise Class.	J7699	
Drugs, Inhalation Solut	ion Administered thr	cough DME
Not Otherwise Class.		_
Drugs, Other than Inhal	ation Administered t	hrough DME

Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.06	\$0.50	WAC + 10%

30 (5 mod) (12 mod 1)

February 2, 1994

Formulary - No state formulary for generic substitution

Medicare (Use national codes)

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.91
Acetylcysteine 20%	J7615	\$2.29
Albuterol 0.083%	.J7620	\$.47
Cromolyn Sodium/20 mg	J7630	\$.38
Isoetharine 0.1%	J7650	4 120
Isoetharine 0.125%	J7651	\$.23

Product	Code	<u>Allowable</u>
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterendi 0 6%	J7672	\$ 63
	J7670	
Not Otherwise Class.	37599	
Drugs, Inhalation Solut	ion Administered th	rough DME
Not Of herwise Class.	37/99	
Drugs, Other than Inhal.	atión Administered	through DME
Saline	A4214	\$.20

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$3.83	\$1.00	AWP - 10%/AAC

Minnesota

February 2, 1994

- Formulary No state formulary for generic substitution
- 2) Medicare -

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.25/mL
Acetylcysteine 20%	J7615	\$1.68/mL
Albuterol 0.083%	J7620	\$0.47/mL
Cromolyn Sodium/20 mg	J7630	\$1.29/20mg
Isoetharine 0.1%	J7650	\$0.23/mL
Isoetharine 0.125%	J7651	\$0.16/mL
Isoetharine 0.167%	J7652	\$0.22/mL
Isoetharine 0.2%	J7653	\$0.31/mL
Isoetharine 0.25%	J7654	\$0.34/mL
Metaproterenol 0.6%	J7672	\$0.43/mL
Metaproterenol 0.4%	J7670	\$0.42/mL
Normal saline solution	J7030	
1000cc	1	
Normal saline solution,	J7040	
sterile (500 ml - 1 uni	t)	
Normal saline solution	J7050 -	
250 cc		
Not Otherwise Class.	J7699 ·	
Drugs, Inhalation Solut	ion Administered the	rough DME
Not Otherwise Class.		-
Drugs Other than Inh-1	arion Administered t	through DME
		~

Requests providers bill electronically and retain documentation rather than bill on paper and attach documentation.

Code J7699 may also be used in conjunction with A4610. Pricing is simply based on the AWP from latest Redbook update.

Drug must be determined that it is reasonable and necessary for treatment of the illness or injury to improve the functioning of the malformed body member.

bocomentation which must be submitted with claim for reimbursement is: physicians prescription identifying dosage, frequency and method of administration. Claim must identify name of medication and quantity dispensed (i.e., unit-dose or size of vial).

A4610/J7699/J7799 must be accompanied by a specific description and the dose of the solution being provided.

3) Medicaid

Dispensing Fee	Co-Pay	<u>Reimburse. Basis</u>
\$4.10		AWP - 10%

Mississippi

February 2, 1994

inot wered 0800-1521 0ن - -30-03 101-20 D3-CO 0330-05 G .79

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20-03 30-05

30.03 松·05 30-10

30-15

10-03 10.05

Formulary - No state formulary for generic substitution

Medicare - No information received. Follow-up request sent.

Medicaid

Dispensing Fee Co-Pay Reimburse. Basis \$4.91 \$1.00 AWP - 10%

The following products not covered: 03003, 03005, 03010, 03020, 63003, 63005, 64015, 64115, 50120, and 50300.

Missouri . February 2, 1994

- 1) Formulary - Not necessary to be on state formulary for generic substitution
- 2) Medicare - (Use national codes)

Product	Code	<u>Allowable</u>
Acetylcysteine Acetylcysteine	J7610 J7615	

Product	Code	<u>Allowable</u>
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	•
Isoetharine 0.1% Isoetharine 3.125%	J7651	•
Isoetharine 0 167%	J7652	
Iscetharine 0/2%	J7653	
Isoetharine 0.25%	J7654	
Isoetharine 0.25% Metaproterenol 0.6%	J7672	
Sodium Chloride; 82003* Sodium Chloride; 82005* Sodium Chloride; 83003* Sodium Chloride; 83005* Sodium Chloride; 83005* Sodium Chloride; 83015*	A4610	\$.25 per ud
Sodium Chloride: 82005*	A4610	\$.50 per ud
Sodium Chloride: 83003*	A4610	\$.25 per ud
Sodium Chloride: 83005*	A4610	\$.50 per ud
Sodium Chloride: 83015*	A4610	\$1.25 per ud
Nebu-Sol; 50120	Not Covered	· •
Nebu-Sol; 50300	Not Covered	
Nebu-Sol; 50300 Water; 81003*	- A4610	\$.25 per ud
Water; 81005*	A4610	\$.50 per ud
Not Otherwise Class.	J7699	· -
Drugs, Inhalation Solut	ion Administered thr	ough DME
Not Otherwise Class.		~
Drugs, Other than Inhala		hrough DME

* - Code accordingly with product description Source: First Data Bank

Medicaid

Dispensing Fee	<u>Co-Pay</u>	Reimburse. Basis
\$4.09	\$0.50 - \$2.00	AWP - 10.43%

Source: First Data Bank

Montana

February 2, 1994

(3) (1) (1) Formulary - Open formulary 30 (30 C5 2)

Medicare - (Use national codes)

Product	<u>Code</u>	Allowable
Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium/20 mg Isoetharine 0.1% Isoetharine (.125% Isoetharine 0.167% Isoetharine 0.2% Isoetharine 0.2%	J7610 J7615 J7620 J7630 J7650 J7651 J7652 J7653 J7654	

Product	<u>Code</u>	Allowable
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs Inhalation Soluti	ion Administered thr	ough OME
Not Otherwise Class.	J7799	•
Drugs, Other than Inhala	etion Administered t	hrough DME

No payment for sodium chloride and have no fees calculated. When calculating a fee, use products listed in the most current Redbook and use the median of AWP.

3) Medicaid -All prescription drugs reimbursed. OTC products other than laxatives, antacids and insulin are not covered. Reimbursement rate is AWP less 10% plus dispensing fee of \$2.00 - \$4.08 based on individual pharmacy surveys. Unit-dose providers who physically package unit-dose prescriptions are reimbursed an additional \$0.75/Rx. First Data Bank is used for drug pricing. \$1.00 patient co-pay.

Nebraska

February 2, 1994

100 100 starvened 1) Formulary - Must be on state formulary for generic l, 50 . `. * substitution 183-00

50:-30 503-00	2) Medicare - (Use nat	ional codes)	
1620-03	Product	<u>Code</u>	<u>Allowable</u>
6000000000000000000000000000000000000	Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium/20 mg Isoetharine 0.1% Isoetharine 0.125% Isoetharine 0.125% Isoetharine 0.2% Isoetharine 0.2% Isoetharine 0.2% Isoetharine 0.2% Sodium Chloride; 82003% Sodium Chloride; 82005% Sodium Chloride; 83003% Sodium Chloride; 83005% Sodium Chloride; 83005% Sodium Chloride; 83015% Nebu-Sol; 50120 Nebu-Sol; 50300 Water; 81003%	J7650 J7651 J7652 J7653 J7654 J7672 J7670 A4610 A4610 A4610	\$.25 per ud \$.50 per ud \$.25 per ud \$.50 per ud \$1.25 per ud \$.25 per ud

	Product	<u>Code</u>	<u>Allowable</u>
	Water; 81005* Not Otherwise Class. Drugs, Inhalation S Not Otherwise Class. Drugs, Other than I	Solution Administer J7/95	
		with description	
•. •.	3) Medicaid -	or WAC + 12.5%. D	e of AWP less 8.71% Dispensing fee is 4 - \$5.05/Rx. Data
Neva			February 2, 1994
.50 (3 not covered 33,505 350-0	1) Formulary - Mus substitution	st be on state form	
30.00 01-00	2) Medicare - (Use	national codes)	•
कि दि	Product	Code	<u>Allowable</u>
1000000000000000000000000000000000000	Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium/20 m Isoetharine 0.1% Isoetharine 0.125% Isoetharine 0.167% Isoetharine 0.2% Isoetharine 0.2% Isoetharine 0.2% Metaproterenol 0.6% Metaproterenol 0.4% Not Otherwise Class. Drugs, Inhalation S Not Otherwise Class. Drugs, Other than I 3) Medicaid	J7615 J7620 J7630 J7650 J7651 J7652 J7653 J7654 J7672 J7670 J7699 Solution Administer	
	Dispensing Fee	Co-Pay	Reimburse. Basis

New Hampshire

\$4.42

February 2, 1994

AWP - 10%

Formulary - Must be on state formulary for generic 1) substitution

2) Medicare - (Use national codes)

Product	Code	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	T7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Iscotharine 3.1%	J7650	
Iscetharine 0 125%	J7651	
Isoetharine : 167%	J7652	
Isoetharine (2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solut		ough DME
Not Otherwise Class.	J7799	J
Drugs, Other than Inhal		hrough DME

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis	1
\$3.25 - \$3.65*	\$0.50 \$1	00** AWD . 10%	

- * Incentive fee added to pharmacy reimbursement for dispensing lower cost product.
- ** \$1.00 branded products; \$0.50 generics

Source: First Data Bank; EDS

New Jersey February 2, 1994

Formulary - Must be on state formulary for generic substitution

Only Metaproterenol 0.6% and 0.4% on New Jersey Generic Formulary/List of Interchangeable Drug Products. I have requested all other products be listed.

- 2) Medicare (Use national codes) No information received Follow-up request sent
- 3) Medicaid

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130-50 130-10

103 00 201-50

JU 35

960 63 990-05 930-03

Dispensing Fee		Co-Pay	Reimburse. Basis	
\$3.73	\$4 07		AWF	0/6%

AWP minus up to 6% based on Medicaid percentage of Rx sales. Regression ranges from 0 - 6% and is deducted from AWP up to \$25.00 (AWP). Above \$25.00 no AWP.

All products covered except Nebu-Sol and Water. Only the following sodium chloride products are covered: 83003, 83005, and 83015

New Mexico

803 CO

100-05 100-05

JOC- 13

1000 CT

630-03

JG0-05

gao-05

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01010

February 2, 1994

Formulary - Must be on state formulary for generic substitution

20 10 2) Medicare - (Use national codes)

Product <u>Code</u> Allowable Acetylcysteine 10% J7610 Acetylcysteine 20% J7615 Albuterol 0.083% J7620 Cromolyn Sodium/20 mg J7630 Isoetharine 0.1% J7650 Isoetharine 0.125% J7651 Isoetharine 0.167% J7652 Isoetharine 0.2% J7653 Isoetharine 0.25% J7654 Metaproterenol 0.6% J7672 Metaproterenol 0.4% J7670 Not Otherwise Class. J7699 Drugs, Inhalation Solution Administered through DME Not Otherwise Class. J7799 Drugs, Other than Inhalation Administered through DME

3) Medicaid

Dispensing Fee Co-Pay Reimburse. Basis
\$4.00 AWP - 10.5%

New York

February 2, 1994

- Formulary Must be on state formulary for generic substitution
- Medicare (Use national codes)

Product	Code	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	

Product	Code	Allowable
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0 2%	J7653	
Isoetharine 0.25%	J7654	
Merapirchere and 0.6%	J7672	
Metaproterenol 0.4%		
Not Otherwise Class.	J7699	
Drugs, Inhalation Solut	ion Adminis	stered through DME
Not Otherwise Class.		
Drugs, Other than Inhal	lation Admir	nistered through DME
82003/82005/83003/83005;	: A4610	\$24.20
83015	A4610	\$23.00
50120	A4610	based on invoice
50300	A4610	based on invoice
81003/81005	,A4610	\$19.50
Source; Redbook - AWP	•	

3) Medicaid

Dispensing Fee	Co-Pay	<u>Reimburse. Basis</u>
\$2.60		AWP

North Carolina Market

February 2, 1994

330 120 + (10000) 1) - 30-05 - 10-0	Formulary - No state formulary for generic substitution
30-05 (\$20-03 (\$0-05 2) (\$0-03 (\$0-03	Medicare - No information received. Follow-up request sent.
50 80 0830-03 20 03 1850 03 20 03 1850	Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$5.60	\$1.00	AWP - 10%

The following sodium chloride solutions not covered: 03003, 03005, 03010, 03020, 63003, 63005, 64015, and 64115.

900.03 'p80-05 030-03

030-10

30-15 30-05 30-05

02-108

North Dakota Pebruary 2, 1994

- Formulary No state formulary for generic substitution
- Medicare (Use national codes) 2)

1830-05 0850-03 0850-03 0830-15

Use national code A4610 (with description). Reimbursement is based on AWP of Redbook for all localities.

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.25		AWF 10%

Source: First Data Bank

All sodium chloride and water products covered as "DME" products.

Ohio

February 2, 1994

020-05 not docered 1)

- Formulary Must be on state formulary for generic substitution
- 2) Medicare (Use national codes)

Product	Code	Allowable
Acetylcysteine 10% 4 mL Acetylcysteine 10% 10 mL Acetylcysteine 10% 30 mL Acetylcysteine 20% 4 mL Acetylcysteine 20% 10 mL Acetylcysteine 20% 30 mL Albuterol 0.083% Cromolyn Sodium/20 mg Isoetharine 0.1% Isoetharine 0.125% Isoetharine 0.22% Isoetharine 0.25% Metaproterenol 0.6% Metaproterenol 0.4% Sterile Water 3 mL Sterile Water 5 mL Sterile Saline .29% 3 - 5 mL	J7610 J7610 J7615 J7615	\$ 6.43/ud \$19.07/ud \$52.34/ud \$ 7.71/ud \$23.07/ud \$63.21/ud \$1.42/ud \$1.29/20mg \$3.29/ud \$3.20/ud \$3.2
Sterile Satine .9% 10 ml		\$0 41/ud

3) Medicaid -

Dispensing Fee: \$3.23/Rx; Data

Source: Blue Book

Reimbursement Rate: AWP - 7%

Product	Reimbursable	Reimbursement Rate
18104	Y	\$1.1625/mL
18110	Y	\$1.1625/mL

Product	Reimbursable	Reimbursement Rate
18130	Y	\$1.0639/mL
18200	Y	\$1.2803/mL
18204	Y	\$1.4071/mL
18210	Y	\$1.4071/mL
18230	Y	\$1.2803/mL
69703	Y	\$0.3700/mL
69760	Y	\$0.37′ :/mL
65902	N	
66003	N	
66103	N	
66405	N	
67603	Y	\$0.3760/mL
67803	Y	\$0.3760/mL
03003	Y	\$0.0872/mL
03005	Y	\$0.0523/mL
03010	Y	\$0.0335/mL
03020	Υ .	\$0.0335/mL
63003	Y	\$0.0872/mL
63005	Y	\$0.0523/mL
64015	N	
64115	N	
82003	Y	\$0.0558/mL
82005	Y	\$0.0335/mL
83003	Y	\$0.0872/mL
83005	Y	\$0.0523/mL
83015	Y	\$0.0335/mL
50120	Y	\$0.0335/mL
50300	Y	\$0.0335/mL
81003	Y 	\$0.0108/mL
81005	Y	\$0.0108/mL

Oklahoma

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60-80 603 (Ú

Oklahoma Pebruary 2, 1994

Formulary - No state formulary for generic substitution. Law states that it is unlawful for a pharmacist to substitute without the authority of the prescriber or purchaser.

2) Medicare - (Use national codes)

Product	Code	Allowable
Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium/20 mg Isoetharine 0.1% Lsoetharine 0.125% Isoetharine 0.167% Isoetharine 0.2% Isoetharine 0.2%	J7610 J7615 J7620 J7630 J7650 J7651 J7652 J7653 J7654	

Product	<u>Code</u>	<u> Allowable</u>
Metaproterenol 0.6% Metaproterenol 0.4%	J7672 J7670	<i>,</i>
Not Otherwise Class. Drugs, Inhalation Solut:	J7699 ion Administered	through DME
	J7799	-

Drogs Other than Inhalation Administered through DMB

Sodium chloride and water are covered as supplies under the DME benefit when prescribed by physician and determined to be necessary for use of nebulizer. Payment limited to patients who cannot properly prepare the solutions at home or who have no one who can prepare the solutions for them. Documentation must explain why the patient is physically or mentally incapable of boiling water or adding salt tablets to be reimbursed.

All local codes in process of being deleted. Use local code A4323 at (9.34 per 1000 ml) for reimbursement purposes.

3) Medicaid

34C 344

02003 120-05

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Dispensing Fee	Co-Pay	Reimburse. Basis
\$5.10	\$1.00-\$2.00*	AWP - 10.5%

\$1.00 for prescriptions up to \$29.99; \$2.00 for prescriptions costing more than \$30.00.

Source: First Data Bank

The following products not covered: 03005, 03010, 03020, 63003, 63005, 64015, 64115, 50120, and 50300.

Oregon.	1 11 1	 Hardi Maria and	18 1 18 Wall		bruary	2: :	1994
. •				· · · · · · · · · · · · · · · · · · ·		artie in die	

10 13 12 00 Exect 1) Formulary - No state formulary for generic substitution

Medicare - (Use national codes)

Product	<u>Code</u>	Allowable
Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodicm/20 mg Isoetharine 0.1% Iscetharine 0.125% Isoetharine 0.167% Isoetharine 0.2%	J7610 J7615 J7620 J7630 J7650 J7651 J7652 J7653	

Product	<u>Code</u>	<u>Allowable</u>
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solut	ion Administered thr	ough DME
Not Otherwise Class.	J7799	
Drugs Other Than India)	or for Nominastered c	HMG Through

All sodium chloride and water products are considered part of the medication costs and will not be reimbursed if billed separately.

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$3.67 - \$4.02	•	AWP - 11%

Pennsylvania

130-10 30-10 30-09

\$1-60 10-60 10-03 10-03 10-03

February 2, 1994

- Formulary Must be on state formulary for generic substitution
 - 2) Medicare (Use national codes)

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.34/mL
Acetylcysteine 20%		\$1.62/mL
	J 7 620	\$0.47/mL
Blairex sterile saline 3 oz.	A4610	\$1.19
Blairex sterile saline 8 oz.	A4610	\$2.27
Blairex sterile saline 12 oz.	A4610	\$3.41
Cromolyn Sodium/20 mg	J7630	\$0.71/mL
Isoetharine 0.1%		\$0.34/mL
Isoetharine 0.125%	J7651	\$0.22/mL
Isoetharine 0.167%		\$0.29/mL
Isoetharine 0.2%	J7653	\$0.34/mL
Isoetharine 0 25%		\$0 40/mL
Metaproterenol 0.6%	J7672	\$0.44/mL
Metaproterenol 0.4%	J7670	\$0.44/mL
Not Otherwise Class.		IC
Drugs, Inhalation Solut		rough DME
Not Otherwise Class.		IC
Drugs, Other than Laha.		through DME
Sodium Chloride 0.45%		.23 5 ml each
Sodium Chloride 0.9%	A4610 \$0	
Sodium Chloride 0.9%		

Product

Code

Allowable

Amounts or methods of medication not included would be given individual consideration upon receipt of the claim submission. Special documentation necessary for consideration of sterile water (patient not able to mix themselves or has no family member). Use A4610 for sterile water and saline. Redbook as source

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$3.50	\$1.00	AWP

Source: Blue Book

No water products covered. Sodium chloride products covered only if considered "legend drugs".

Puerto Rico

February 2, 1994

- Formulary Must be on formulary for generic substitution.
- 2) Medicare

Product	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083% Isoetharine 0.167% Isoetharine 0.2% Isoetharine 0.25% Metaproterenol 0.6%	J7610 J7615 J7620 J7652 J7653 J7654 J7672	
Metaproterenol 0.4%	J7670	

3) Medicaid - No action

Rhode Island February 2, 1994

- (*) 1) Formulary Not necessary to be on state formulary for generic substitution
 - 2) Medicare -

Sodium chloride and sterile water for inhalation with nebulivers are not covered by Medicare

3) Medicaid

Dispensing Fee Co-Pay Reimburse. Basis
\$3.40 AWP

South Carolina

:30-03

:30-05

310.03

₁₃₀,05

830-05

030-20

501-20 50%-00

630-05 130-10 February 2, 1994

- Formulary No state formulary for generic substitution
 - 2) Medicare -

82003/82005/83003/83005 - Local code #W4200 (\$0.22 allowable)
83015 - local code #W4200 (3 units) - (\$0.66 allowable)
50120/50300 - not reimbursable
81003/81005 - national code J7699 - (individually considered)
Uses Redbook or Medispan.for source documentation

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.05	\$1.50	AWP - 9.5%

Source: First Data Bank

All products covered except 03003, 03005, 03010, 03020, 63003, 63005, 64015, 64115, 50120, and 50300. These products require special authorization for coverage.

February 2, 1994

- Formulary No state formulary for generic substitution
 - 2) Medicare (Use national codes)

Product	<u>Code</u>	<u>Allowable</u>
Product Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium/20 mg Isoetharine 0.1% Isoetharine 0.125% Isoetharine 0.167% Isoetharine 0.25% Isoetharine 0.25%	Code J7610 J7615 J7620 J7630 J7650 J7651 J7652 J7652 J7654	<u>Allowable</u>
Metaproterenol 0.6% Metaproterenol 0.4%	J7672 J7670	
Metaproterenol 0.4%	J7670	

<u>Product</u> <u>Code</u> <u>Allowable</u>

Not Otherwise Class. J7699
Drugs, Inhalation Solution Administered through DME
Not Otherwise Class. J7799
Drugs, Other than Inhalation Administered through DME

Use national rude A4610 (with description) for those drugs not listed. Reimbursement is based on AWP of Redbook for all localities.

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.75	\$1.00	AWP - 10.5%

Tennessee

1530-13

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in Source

1610-05 1620-03

)630-05)630-03)630-05

7630-10 7630-15

1810-03

660-05

1810-05

February 2, 1994

Formulary - Must be on state formulary for generic substitution

2) Medicare -

Reimbursement for saline or sterile water is limited to the charge for the solution components, unless it is medically documented that the beneficiary, due to his/her physical or mental state, is unable to safely or effectively mix the solutions and there is no family member or other person available who can do this.

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$3.91		AWP - 8%

Texas

3520 321

0 6- 5 0831-05 60-05 0831-05 60-03 Dent) Formulary - No state formulary for generic substitution

Medicare (Use national codes)

Product	Code	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.34/mL
Acetylcysteine 20%	J7615	\$1.62/mL
Albuterol 1 083%	J7620	\$0.47/mL
Cromolyn Sodium/20 mg	J7630	\$0.76/mL
Isoetharine 0.1%	J7650	\$0.85/2.5cc
Isoetharine 0.125%	J7651	\$0.85/4 cc

Product	<u>Code</u>	<u>Allowable</u>
Isoetharine 0.167% Isoetharine 0.2% Isoetharine 0.25% Metaproterenol 0.6% Metaproterenol 0.4%	J7652 J7653 J7654 J7672 J7670	\$0.85/3 cc \$0.85/2.5cc \$0.85/2 cc \$0.49/2.5cc \$0.49/2.5cc
Not Otherwise Class. Drugs, Inhalation Solution Otherwise Class.	J7799	
Drugs Other than Inhi	alation Admini	stered through DME

Texas Medicare Carrier will use the NDC number to price bronchodilator medications using the most current edition of Redbook.

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
*		Wholesaler Cost + 12%

* Amount paid pharmacy equals (EAC + \$4.55) divided by 0.930 + .10

Date Source: Pharmaceutical Companies

All drugs covered except the following sodium chloride solutions: 03003, 03005, 03010, 63003, 63005, 64015, 64115, 82003, 82005, 83003, 83005; Nebu-Sol 50120; and Water.

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Utah		"我,"不说就是重要将一个	والمراجع وا		February 2, 1994

110.03 reference 1)
110.03

 Formulary - Must be on state formulary for generic substitution

2) Medicare (Use national codes)

Product	Code	<u>Allowable</u>
Acetylcysteine 10% Acetylcysteine 20% Albuterol 0.083% Cromolyn Sodium/20 mg Isoetharine 0.1% Isoetharine 0.125% Isoetharine 0.167% Isoetharine 0.2% Isoetharine 0.2% Metaproterenol 0.6%	J7610 J7615 J7620 J7630 J7650 J7651 J7652 J7653 J7654 J7672	WTIOMODIE
Metaproterenol 0.4%	J7670	

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February 2, 1994

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530-05 730-10 30-15 310-03

60-05

Formulary - Must be on state formulary for generic substitution

Medicare - (Use national codes)

Product	Çod <u>ë</u>	<u>Allowable</u>
Aceuyloysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%		
Not Otherwise Class.		
Drugs, Inhalation Solut	tion Administered th	rough DME
Not Otherwise Class.	J7799	
Drugs, Other than Inhal	lation Administered	through DME

Medicare does not have allowances and procedure codes for the breakdown of dosages as listed for saline and water, however the following are covered: Sodium Chloride 30 cc vial - J2912 (Allowance: \$1.61) Water 30 cc vial - A4214 (individual consideration by medical department).

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.40	\$1.00	AWP - 9%

Washington

February 2, 1994

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Formulary - No state formulary for generic substitution

- Medicare Returned. Not deliverable as addressed. Resubmitting information request.
- 3) Medicaid

Dispensing Fee	<u>Co-Pay</u>	Reimburse, Basis
\$3.65 - \$4.50	\$1.00	EAC = AWP - (.89)

West Virginia 2, 1994

1030-557 -colerad 1) Formulary - Uses FDA Therapeutic Equivalency List 20-05CK (Orange Book)

> 2) Medicare - (Use national codes)

Product	C <u>ode</u>	Allowable
	J/610	
	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
 Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.		
Drugs, Inhalation Solut	ion Administered thr	ough DME
Not Otherwise Class.		~
Drugs, Other than Inhal		hrough DME

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$2.75	\$0.50 - \$1.00	AWP

Source: Red Book

Wisconsin

(10-03

30.03 30.05 30-05 30-05 30:15

February 2, 1994

30 (1.5 / 30 (55	೨೯೦೯ Formu subst	lary Must be itution	on state	formulary f	for generic
30-10 30-20	2) Medic	are - (Use na	tional code	es)	
03-03 10-05 10-05	Product		Code		Allowable
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	Metaproter Metaproter		J7672 J7670		

<u>Product</u> <u>Code</u> <u>Allowable</u>

Not Otherwise Class. J7699

Drugs, Inhalation Solution Administered through DME Not Otherwise Class. J7799

Drugs, Other than Inhalation Administered through DME

Procedure code for sodium chloride inhalation is A4323-52 and is reimbursable at \$9.34/1000mL

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.69*	\$1.00	AWP - 10%

*\$6.67 for unit-dose products

Wyoming

February 2, 1994

- Formulary No state formulary for generic substitution
- 2) Medicare (Use national codes)

Use national code A4610 (with description). Reimbursement is based on AWP of Redbook for all localities.

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.70	\$1.00	AWP - 4%*

* OTC Products: 150% of AWP + 4.70 Legend Products: AWP 4% + 4.70

Source: Blue Book

Key:

AAC	Actual Acquisition Cost
AWP	Average Wholesale Price
DME	Durable Medical Equipment
EAC	Estimated Acquisition Price
DESI	Less-than-effective
HCFA	Health Care Financing Administration
HHS	Health and Human Services
MAC	Maximum Allowable Cost
PA	Prior Authorization
WAC	Wholesale Acquisition Cost



DEY LABORATORIES, INC.

7 - 304 valler, Udrod are 75 (7 1/408 | Dailfornia 94558 17 | 24 (200 | FAX (707) 224 (3235

August 31, 1993

Martha McNeill, R.Ph. Dept. of Human Services P.O. Box 149030 MC Y-915 Austin, TX 78714-9030

Re: Medicaid Reimbursement

Dear Martha;

Dey Laboratories, Inc. is a manufacturer of generic unitdose respiratory inhalation solutions and diluents. We are in
the process of updating our files which show you as the contact
person for Medicaid reimbursement inquiries. Attached please
find a list of products currently manufactured by our company.
We are interested in obtaining the reimbursement status for each
of these products in your state. Specifically, we would like to
confirm that these products are Medicaid reimburseable, the
reimbursement rate, (i.e., AWP less 10%), your dispensing fee,
and data source used to obtain this information. Please note
that all products are used with nebulizers for respiratory
therapy treatments.

Many of our customers are Medicaid providers and request reimbursement information when making a purchasing decision. In order to provide them with the best possible service, we periodically request this information from each Medicaid carrier. This information will also enable providers to better complete their claim forms and should help streamline claims processing.

Enclosed please find a form listing our products. Under the Freedom of Information Act, please complete the form with the requested information and return to my attention. Should you have any questions or need further information, please contact me at (800) 755-5560. Thank you for your time and consideration in this matter.

Sincerely yours,

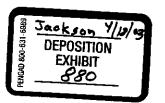
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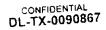
Sales & Convention Coordinator

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Enclosure







State: TX

Dispensing Fee

Data Source

(i.e., Red Book; Blue Book, etc.)

Product No.	Streng	th/Size	Reimburseable (Y/N)	Reimbursement Rate
Acetylcysteine				
181-04	10%	4 mL		
181-10	10%	10 mL		
181-30	10%	30 mL		
182-00	20%	100 mL		
182-04	20%	4 mL		
182-10	20%	10 mL		
182-30	20%	30 mL		
Albuterol Sulfate	<u>=</u>			
697-03	0.083%	3 mL		
697-60	0.083%	3 mL		
<u>Isoetharine</u>				
659-02	0.2%	2 mL		
660-03	0.17%	3 mL		
661-03	0.08%	3 mL		
664-05	0.1%	5 mL		
<u>Metaproterenol</u>				
676-03	0.6%	2.5 mL		
678-03	0.4%	2.5 mL	· · · · · · · · · · · · · · · · · · ·	
Sodium Chloride				
030-03	0.98	3 mL		
030-05	0.9%	5 mL		
030-10	0.9%	10 mL		
030-20	0.98	20 mL		
630-03	0.00	3 mL		
630-05	0.9%	5 mL		
640-15	3%	15 mL		
641-15	10%	15 mL		
820-03	0.45%	3 mL		
820-05	0.45%	5 mL		
830-03	0.9%	3 mL		
830-05	0.9%	5 mL		
830-15	0.9%	15 mL		
Sodium Chloride,	MDD			
501-20	0.9%	120 mL		
503-00	0.9%	300 mL		
Water, Purified				
810-03		3 mL		
810-05		5 mL		

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